Name in Full

Philip Lewis Armiger

Certificate of Death

46

Died at Town Jewell County Calvert MARYLAND

Date 1898 Month Dec. Day 18 | Age Y. 17. M. D. | Native of Calvert Co | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Jos. R. Armiger

Mother's Name Maggie Trott

Cause of Death — Primary Pneumonia

Immediate

How long sick 8 days

~~Accident, Suicide, Homicide~~

Reported by Jos. R. Armiger, Parent.

Address Jewell Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55678

Name in Full

Certificate of Death

49

Mrs Cecilia Bird

Died at Town: Willows County: Calvert MARYLAND

Date 189 Month: Dec. Day: 26 | Age Y. 60 M. — D. — | Native of calvert Co | Occupation Housekeeper

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living —

~~Husband~~ Wife of Dr Samuel R. Bird

Father's Name Richd Norfolk | Mother's Name Turner

Cause of Death: Primary Phthisis Pulmonalis 2 2a | How long sick 5 years

Immediate Hemorrhage from the Lungs followed by death in 15 mins. | ~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by J. M. Chaney M.D.

Address Dunkirk

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Mary E. Bowen

Certificate of Death: 43

Died at — Town: Barstow — County: Calvert — MARYLAND

Date 189 8 — Month: Dec. — Day: 8 — Age: Y. 19 M. 1 D. 23 — Native of: Md. — Occupation: Fr. daughter

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Hezekiah Bowen — Mother's Name: Ann Hardesty

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 2 years

Immediate: Asthenia 22a — ~~Accident, Suicide, Homicide~~

Reported by: Geo. H. Jones

Address: Barstow Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Eli Hall

Certificate of Death

45

Diod at Town: Lo. Marlboro County: Calvert MARYLAND

Date 1898 Month: Dec Day: 15 | Age Y.: 70 M.: — D.: — | Native of: Virginia | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband / Wife of —

146a

Father's Name: Cannot learn

Mother's Name: Cannot learn

Cause of Death — Primary: Burn of legs & thighs while kindling fire with coal oil

Immediate: Exhaustion

How long sick: 2 weeks

Accident, ~~Suicide, Homicide~~

Reported by J. F. Ireland M. D.

Address Lo Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name in Full

William L. Howard

Certificate of Death

47

Town: Mt Harmony County: Calvert MARYLAND

Died at

Date 1898 Month: Dec. Day: 31 | Age Y. 62 M. D. | Native of Calvert | Occupation Farming

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of
Wife

Father's Name: John Howard Mother's Name: Mary Sunderland

Cause of Death — Primary: Prostration from Heat How long sick 5 mos.

Immediate: Pneumonia 72 ~~Accident, Suicide, Homicide~~

Reported by T. M. Chaney M. D.

Address Dunkirk

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full: William Augustus Lusby.

Certificate of Death: 48

Died at Town: Bertha County: Calvert MARYLAND

Date 189 Month: Dec Day: 30 | Age Y. M. D.: 75-4.23 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: Seven.

Husband ~~Wife~~ of: Catherine Elizabeth Joy.

Father's Name: Samuel Lusby

Mother's Name: Rebecca Hall Lusby

Cause of Death: Primary: Paralysis 44 | How long sick: Two days

Immediate: Inanition | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: E Huggins MD

Address: Core Pk Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sarah Ann Robinson

Certificate of Death: 44

Died at: Ma Town Bowen County Calvert MARYLAND

Date 189 8 Month Dec Day 15 | Age Y 72 M. — D. — | Native of Calvert Co | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife J. C. Robinson

Father's Name Wm Wood

Mother's Name Rebecca Wood

Cause of Death: Primary Emeral Paralysis | How long sick 3 days

Immediate Asthenia 44 | Accident, Suicide, Homicide

Reported by Geo. H. Jones

Address Bairstow Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Julia Smith — Certificate of Death

Died at — Town — County — Calvert — MARYLAND

Date 189 5 — Month 12 — Day 16 — Age Y. M. D. — Native of — Occupation

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name — W. Smith — Mother's Name — [illegible] Smith

Cause of Death — Primary — 61 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by — Calvert Gazette

Address — Pr. Frederick — 1-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7870R